

## CITY OF LONG BEACH

RAYMOND FLAMMER, IAO ASSESSOR

DEPARTMENT OF ASSESSMENT 1 WEST CHESTER STREET LONG BEACH, NEW YORK 11561 (516) 431-1009 FAX: (516) 431-1343

## File between September 1st and November 30th

## **AFFIDAVIT**

| Being duly sworn states that:   |                                  | states that:       |
|---|----------------------------------|--------------------|
| PRINT NAME  |                                  |                    |
| In accordance with Real Property Tax Law 458  | 3-a, I am a resident of the Stat | e of New York, and |
| My legal primary residence is   |                                  | City of Long Beach |
|   | ADDRESS                          |                    |
| I have submitted with this affidavit a copy of an   | ny two of the following identifi | cations:           |
| <ol> <li>Copy of the most current NYS Income T</li> <li>Current Car Registration</li> </ol> | Tax Return                       |                    |
| 3) Current Car Insurance card   |                                  |                    |
| 4) Current Voter Registration card  |                                  |                    |
|   |                                  |                    |
|   | SIGNATURE                        |                    |
|   |                                  |                    |
|   |                                  |                    |
|   |                                  |                    |
| Sworn to before me thisday of,20  |                                  |                    |
| <u> </u>  |                                  |                    |
|   |                                  |                    |
|   |                                  |                    |
| Notary Public   |                                  |                    |